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**STATEMENT OF IDENTIFICATION**

For use of this form, see AR 638-2; the proponent agency is ODCSPER

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NAME OF DECEASED <i>(Last, First, MI)</i>	GRADE	SSN	BRANCH OF SERVICE	DATE OF INCIDENT
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ORGANIZATION AND BASE

PLACE OF DEATH/INCIDENT

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**CONDITION OF REMAINS** *(Describe briefly in Narrative below)*

Recognizable	Not Recognizable	Commingled	Mutilated
Burned	Decomposed	Semi-Skeletal	Skeletal

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**MEANS OF IDENTIFICATION** *(Check all appropriate boxes. Specify supporting data in Narrative below)*

Fingerprint Comparison	Footprint Comparison	Dental Comparison	Anatomical Comparison
Skeletal Comparison	Personal Effects	Visual Recognition	Identification Tag(s)
Other <i>(Explain in Narrative)</i>			

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**ENCLOSURES**

DD Form 565	DD Form 890	DD Form 891	DD Form 892
DD Form 893	DD Form 894	DD Form 897	ID Card
DD Form 369	FD 258	AF Form 137	SF 603
Dental X-Rays	SF 88	SF 93	DD Form 2064
SF 601	Photo		

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NARRATIVE AND SUMMARY *(Continue on reverse or use additional sheets, if required)*

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NARRATIVE AND SUMMARY *(Continued)*

RECOMMENDATIONS

**RECOMMENDATIONS PRESENTED**

TYPED NAME OF IDENTIFICATION SPECIALIST

NAME AND ADDRESS OF INSTALLATION

TITLE OF IDENTIFICATION SPECIALIST

SIGNATURE OF IDENTIFICATION SPECIALIST

DATE

**RECOMMENDATIONS APPROVED**

To the best of my knowledge and belief, the statements made herein are correct and true.

TYPED NAME OF APPROVING OFFICER

GRADE

NAME AND ADDRESS OF INSTALLATION

TITLE OF APPROVING OFFICER

SIGNATURE OF APPROVING OFFICER

DATE